

## SWIMMING POOL OPERATING LOG

For use of this form, see TM 5-662; the proponent agency is USACE.

### WEEKLY LOG

FROM

TO

INSTALLATION

POOL BLDG NO.

1. TYPE CHLORINATION	2. TYPE FILTERS			3. NO. OF OPERATING FILTERS						4. AREA OF FILTERS						
ITEMS TO BE CHECKED	SUN			MON			TUE		WED		THU		FRI		SAT	
5. CHLORINE RESIDUAL																
6. pH																
7. CHLORINE USED (lbs/hr)																
8. RECIRCULATION RATE (gpm)																
9. PUMPING TIME (minutes)																
10. TOTAL WATER RECIRCULATED (gal.)																
11. DRAINED (yes or no)																
12. VACUUMED (time)																
13. PRESSURE LOSS ON FILTER (lbs.)																
14. BACKWASH RATE (time/filter No.)																
15. BACKWASH RATE (gpm/sq.ft.)																
16. BACKWASH TIME (minutes)																
17. BACKWASH WATER USED (gal.)																
18. OTHER CHEMICALS USED (lbs.)																
19. HAIR CATCHER CLEANED (time)																
20. MAXIMUM BATHING LOAD																
21. ESTIMATE OF TOTAL BATHERS																
22. TIME POOL OPENED																
23. TIME POOL CLOSED																
24. REMARKS (Report any unusual conditions, operating difficulties, change in treatment, equipment repairs, etc.)																
25. APPROVED														26. DATE		